

Edinburgh Postnatal Depression Scale ⁽¹⁾

EPDS

Name: _____

Address: _____

Your Date of Birth: _____

Phone: _____

Baby's Date of Birth: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

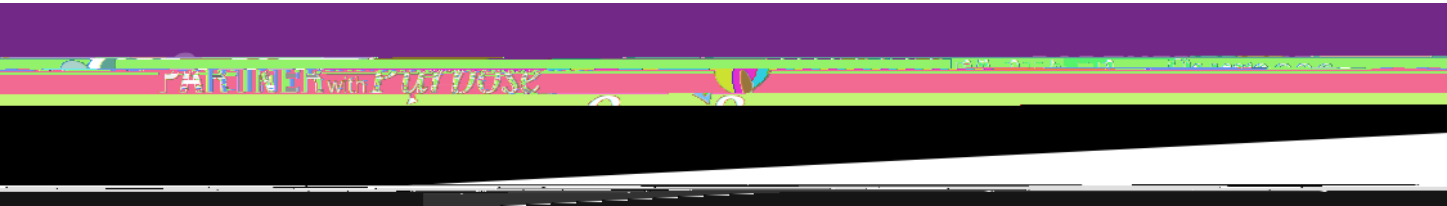
I have felt happy:

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

<p>1. I have been able to laugh and see the funny side of things: As much as I always could Not quite so much now Definitely not so much now Not at all</p>	<p>6. Things have been getting on top of me: As much as I always could Not quite so much now Definitely not so much now</p>
<p>2. I have looked forward with enjoyment to things: As much as I ever did Rather less than I do now Definitely less than I used to Hardly at all</p>	<p>7. I have been so unhappy that I have had difficulty sleeping: Yes, most of the time Yes, sometimes Not very often No, not at all</p>
<p>3. I have blamed myself unnecessarily when things went wrong: Yes, most of the time Yes, some of the time Not very often No, never</p>	<p>8. I have felt sad or miserable: Yes, most</p>



Administered/Reviewed by _____

Date _____

- (1) Source: Cox, J.L., Holden, J.M. and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150: 782-786. doi:10.1192/bjp.150.6.782